Scott McCallum
Governor

WISCONSIN REGULATORY DIGEST

A Publication of the
Volume 13, No. 1 **PHARMACY EXAMINING BOARD** **MAY, 2001**

Profile Reviews-A Standard of Practice Required in Wisconsin

Recently, an investigation of two cases brought before the Pharmacy Examining Board (PEB) revealed the pharmacists and pharmacies involved were not routinely completing a patient profile review as part of their workflow as required by Wisconsin law. Phar 7.07(4) states, "At the time a prescription order is reviewed by the pharmacist for dispensing, the pharmacist shall review the medication profile record of the patient for the previously dispensed medication history and shall determine whether the prescription order presented should be dispensed." In addition, State Statute 450.01(16)(I) defines "practice of pharmacy" to include "drug regimen screening, including screening for therapeutic duplication, drug-to-drug interactions, incorrect dosage, incorrect duration of treatment, drug allergy reactions and clinical abuse or misuse." If a pharmacist is serving the Medicaid population, then HFS 107.10(5)(a) applies. It states, "The pharmacist shall provide for a review of drug therapy before each prescription is filled or delivered to an MA recipient. The review shall include screening for potential drug therapy problems due to therapeutic duplication, drug-disease contradictions, drug-drug interactions, including serious interactions with non-prescription or over-the-counter drugs, incorrect drug dosage or duration of drug treatment, drug-allergy interactions and clinical abuse or misuse."

Interpretations of these laws by pharmacists and pharmacy owners have created the misunderstanding these regulations allow them the option to review if they think they need to with a particular prescription or if the patient has a question. There is no part of Phar 7.07(4) that allows for the requirement of doing a profile review to be at the discretion of the pharmacist. It is required for all new and refilled prescription orders before dispensing to the patient.

Other pharmacists and pharmacy owners have assumed a pharmacy computer system could be relied on to perform that function. The Board finds the language of Phar 7.04(4) requires the pharmacist to personally review each patient profile and, as such, finds any workflow that relies on computer alerts alone to not be in compliance with state law. Certainly, the Board encourages pharmacists to use resources, such as their computer systems and its capabilities, to aid the pharmacist with performing the required profile

THE WISCONSIN PHARMACY EXAMINING BOARD

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review. But pharmacists must be cautious in their reliance on their computer systems. The Institute for Safe Medication Practices (ISMP) tested pharmacy computer systems to assess their ability to detect serious errors and found many systems performed poorly. The important point is that the computer be viewed as an aid to the pharmacist, not a substitute for the pharmacist's profile review and expected professional judgment.

The requirement to do a profile review is the responsibility of the pharmacist and thus, the pharmacists involved in these cases, were disciplined for their failure to do so. In addition, the owners of the pharmacies involved were disciplined and fined because of their lack of a policy and procedure providing for a structural location in the workflow that allowed the pharmacist to review the profile. In other words, the pharmacist would have to go outside of the workflow procedure for dispensing in these pharmacies to comply with state law. The Board requires pharmacy owners, as well as, managing pharmacists to have policies and procedures that permit, encourage and structurally support the requirement of patient profile reviews by all pharmacists practicing in the state of Wisconsin.

Phar 7.09 Automated Dispensing Systems

The following administrative rule became effective November 1, 2000. Please note the requirement of (4)(c) to notify the Board of the installation of an automated dispensing system. This rule does not "grandfather" any existing systems already in use on the date the rule became effective, and thus, all pharmacies using this type of equipment must notify the Board in writing.

Phar 7.09 Automated dispensing systems. (1) In this section: (a) "Automated dispensing system" means a mechanical system that perform operations or activities, other than compounding or administration, relative to the storage, packaging, dispensing or distribution of medications, and which collects, controls, and maintains all transaction information.

(b) "Inpatient health care facility" means any hospital, nursing home, county home, county mental hospital, or tuberculosis sanitorium, but does not include community–based residential facilities.

(2) An automated dispensing system may be used in a community pharmacy, as provided in this section.

(3) An automated dispensing system may be used as provided in this section by an institutional pharmacy serving an inpatient health care facility, that has an established program of receiving prescription orders, and dispensing and returning prescription medications consistent with accepted inpatient institutional drug distribution systems. An automated dispensing system used by an institutional pharmacy shall only be located in that institutional pharmacy or within the inpatient health care facility.

(4) The managing pharmacist of a community pharmacy or an institutional pharmacy is responsible for all of the following:

(a) Assuring that the automated dispensing system is in good working order and accurately dispenses the correct strength, dosage form, and quantity of the drug prescribed and complying with the recordkeeping and security safeguards pursuant to sub. (5).

(b) Implementing an ongoing quality assurance program that monitors performance of the automated dispensing system, which is evidenced by written policies and procedures.

(c) Providing the board with prior written notice of the installation or removal of an automated dispensing system. The notice provided shall include, but is not limited to the:

1. Name and address of the pharmacy.

2. Initial location of the automated dispensing system. The automated dispensing system may thereafter be relocated within the pharmacy or inpatient health care facility without providing subsequent notification to the board.

3. Identification of the managing pharmacist.

(d) Assigning, discontinuing or changing personnel access to the system.

(e) Assuring that access to the medications comply with state and federal laws.

(f) Assuring that the automated dispensing system is stocked accurately and in accordance with established written policies and procedures.

(5) An automated dispensing system shall comply with the following provisions:

(a) A pharmacy shall maintain on–site the following documentation relating to an automated dispensing system:

1. Name and address of the pharmacy or inpatient health care facility where the system is being used.

2. The system manufacturer's name, model and serial number.

3. Description of how the system is used.

4. Written quality assurance procedures to determine continued appropriate use of the system.

5. Except as required pursuant to par. (b), written policies and procedures for system operation, safety, security, accuracy, access and malfunction.

(b) All written policies and procedures shall be maintained in the pharmacy responsible for the automated dispensing system.

(c) An automated dispensing system shall have adequate security systems and procedures, evidenced by written policies and procedures to prevent unauthorized access to maintain patient confidentiality and to comply with federal and state laws.

(d) Records and data kept by the automated dispensing system shall meet the following requirements:

1. All events involving the contents of the automated dispensing systems must be recorded electronically.

2. Records shall be maintained by the pharmacy and be available to the board. Records shall include:

a. The time and location of the system accessed.

b. Identification of the individual accessing the system.

c. Type of transaction.

d. Name, strength, dosage form and quantity of the drug accessed.

e. Name of the patient for whom the drug was ordered.

f. Such additional information as the managing pharmacist may deem necessary.

(e) The stocking of all medications in the automated dispensing system shall be accomplished by qualified personnel under no less than the general supervision of a licensed pharmacist; except that when an automated dispensing system is located within a pharmacy the supervision must be direct.

(f) A record of medications stocked into an automated dispensing system shall be maintained for 5 years and shall include identification of the person stocking and pharmacist checking for accuracy.

(g) All containers of medications stored in the automated dispensing system shall be packaged and labeled in accordance with state and federal law.

(h) All aspects of handling controlled substances shall meet the requirements of all state and federal law.

(i) The automated dispensing system shall provide a mechanism for securing and accounting for medications removed from and subsequently returned to the automated dispensing system, in accordance with state and federal law.

(j) The automated dispensing system shall provide a mechanism for securing and accounting for medication returned to the system and accounting for wasted medications in accordance with state and federal law.

History: Cr. Register, October, 2000, No. 538, eff. 11–1–00.

Changes to Phar 8.05 Requirements for Controlled Substances – Dispensing

As of March 1, 2001, several changes to Phar 8.05 went into effect. The objective of amending Phar 8.05 was to bring Wisconsin administrative code into conformity with the federal controlled substances prescription rules in several areas. The amended rules specify what required elements necessary for a valid controlled substance prescription order may or may not be clarified with a prescriber or a patient.

Phar 8.05 Dispensing. (1) All controlled substance prescription orders shall be dated as of, and signed on, the day issued and shall contain the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed, directions for use and the name, address and registration number of the practitioner. Prescription orders shall be written with ink or indelible pencil or be typewritten and shall be signed by the practitioner. Orders for controlled substances may be issued only by individual practitioners who are authorized to prescribe controlled substances by the jurisdiction in which he or she is licensed to practice and registered or exempt from registration under the federal controlled substances act.

(2) A pharmacist may dispense a controlled substance listed in schedule II, III or IV only pursuant to a prescription order issued by an individual practitioner. The order shall be initialed and dated by the dispensing pharmacist as of the date the prescription is dispensed. If the person accepting the medication pursuant to any prescription order for a schedule II controlled substance, specified in s. 961.16, Stats., is not personally known to the pharmacist, there shall be written in ink, on the reverse side, the printed name, signature and address of the person.

(3) An individual practitioner may dispense directly a controlled substance listed in schedule II, III or IV provided that the prescription container is labeled and records are maintained in accordance with the requirements of this code.

(4) A prescription containing a controlled substance listed in schedule II may be dispensed only pursuant to a written order signed by the prescribing individual practitioner, except in emergency situations. No prescription containing a controlled substance listed in schedule II shall be dispensed unless the order is presented for dispensing within 7 days following the date of its issue. A prescription for a controlled substance listed in schedule II may not be dispensed more than 60 days after the date of issue on the prescription order.

(5) No pharmacy, individual practitioner or other DEA registered dispenser may dispense at any one time, and no individual practitioner may prescribe for dispensing at any one time, a controlled substance in any quantity exceeding a 34–day supply, except that up to a 90 day supply of any schedule III or IV anticonvulsant substance, as determined by the directed dosage and frequency of dosage, may be prescribed and dispensed at one time.

(7) A prescription order for a controlled substance may not be dispensed unless the prescription order contains all of the information required in sub. (1). For any controlled substance prescription order, a pharmacist may not add, modify or clarify the patient's name, the controlled substance prescribed, except for generic substitution as permitted by law, and the prescribing practitioner's signature. After consultation with the prescribing practitioner, a pharmacist may add, modify or clarify the strength, dosage form, quantity prescribed, date of issuance and directions for use for a schedule II controlled substance prescription order. For a schedule II controlled substance prescription order, a pharmacist may add, modify or clarify the registration number of the practitioner, and the address of the practitioner and the patient if that information is verifiable and retrievable from information maintained by the pharmacist or is obtained through consultation with the practitioner. A pharmacist may add, modify or clarify any information allowed in this subsection missing from a prescription order for a schedule III, IV or V controlled substance that is verifiable and retrievable from information maintained by the pharmacist or that is obtained through consultation with a practitioner. A patient may only provide information to a pharmacist to add, modify or clarify the patient's address. The prescription order shall be initialed and dated by the pharmacist and shall indicate the addition, modification or clarification of information and the manner by which the pharmacist obtained that information.

History: Cr. Register, January, 1983, No. 325, eff. 2–1–83; am. (1), (2), (3) and (5), cr. (6), Register, August, 1991, No. 428, eff. 9–1–91; cr. (7), Register, January, 1996, No. 481, eff. 2–1–96; am. (4), Register, February, 1996, No. 482, eff. 3–1–96; am. (2), Register, December, 1998, No. 516, eff. 1–1–99; am. (1) and (7), r. (6), Register, February, 2001, No. 542, eff. 3–1–01.

Transfer and Delivery Rules

Wisconsin Administrative Code Phar 7.01(1)(e) states, "…that prescriptions may be delivered by an agent of the pharmacist to a patient's residence if the delivery is accompanied by appropriate directions and an indication that consultation is available by contacting the pharmacist." For a pharmacy to deliver a patient's prescriptions to a location other than the patient's home, the pharmacy must request a variance from the Board.

An example of such a variance already granted by the PEB is for pharmacies serving patients enrolled in Community Options Programs (COP). These patients' prescriptions are allowed to be delivered to the COP offices to enable the staff of these programs to assist their clients that require additional monitoring relating to compliance and medication management issues.

Wisconsin Administrative Code Phar 7.01(1)(em) states a pharmacist shall, "Transfer the prescription to the patient or agent of the patient." It is the opinion of the Board this transfer, which normally happens in the pharmacy, may happen anywhere deemed necessary or appropriate by the pharmacist. This would, for example, allow a pharmacist to personally deliver a prescription to a patient or agent of a patient at a location other than the patient's residence.

Failure to Report is Unprofessional Conduct

Chapter Phar 10 of the Wisconsin Pharmacy Examining Board (PEB) Administrative Rules state in part:

The following, without limitation because of enumeration, are violations of standards of professional conduct and constitute unprofessional conduct…

(7) Failing to report to the pharmacy examining board any pharmacy practice, which constitutes a danger to the health, safety or welfare of patient or public;

(7m) Failing to report to the board information that reasonably suggests there is a probability that a prescription drug or device dispensed by a pharmacist has caused or contributed to the substantial bodily injury or death of a customer or patient.

(8) Providing false information to the pharmacy examining board or its agent.

These broad requirements are specifically stated to ensure that pharmacists, the professionals best trained through education and experience to judge if a pharmacy or colleague, participate in ongoing peer-review of their and others minimum practice standards. As it relates to enforcement of PEB rules, Wisconsin is quite unique in depending on its licensees to "self-police" the profession and

thus invoke the highest form of professional practice; i.e., consumer protection on a day-to-day and patient-by-patient basis. The PEB does receive and encourage consumers, other health care professionals and administrators to also file complaints with the PEB as consumer problems are recognized.

Thus, with the requirements of Phar 10, the Board seeks to facilitate patient care by making each pharmacist responsible for not only their own practice but also the practices of other pharmacists. In fact, the failure by a pharmacist to report pharmacies or other pharmacists not practicing within legal minimum standards can result in possible unprofessional conduct violations for the pharmacist that knowingly ignores pharmacy practice that endangers the health, safety or welfare of the public. Every effort is made to maintain anonymity. The report needs to be in writing, timely and as detailed as possible including the names of other individuals with unique knowledge of the situation being reported. Two possible reporting methods are:

1) The Department of Agriculture, Trade and Consumer Relations
   Consumer Protection Division
   2811 Agriculture Drive
   PO Box 8911
   Madison, WI 53708-8911
   FAX: 608-224-4939
   E-Mail: datchotline@datcp.state.wi.us

2) Department of Regulation and Licensing
   Division of Enforcement
   Pharmacy Examining Board
   PO Box 8935
   Madison, WI 53708-8935
   FAX: 608-261-7083
   E-Mail: dorl@drl.state.wi.us

Contracts and Confidentiality

The Board cautions pharmacists to read all contracts carefully that involve the release of patient specific information through their computer system. It is a violation of State Statute 146.82 to release patient specific information to a third party that is not responsible for the payment of an insurance claim without the patient's consent. For example, a major wholesaler is developing a "dot com" company that would have a relationship with a network of pharmacies for the purpose of serving customers. Within the language of the contract, the "dot com" company states that they "shall own all of the pharmacy, patient and prescription files of all of its customers, including the customers whose orders are fulfilled by the 'involved' pharmacy pursuant to this agreement." A pharmacist cannot give the ownership of confidential patient information to another entity except as stated in State Statute 146.82. Later in this same contract, the pharmacy "represents and warrants that its operation is in material compliance with all applicable laws…" If a pharmacist enters into this particular contract, they would be in violation of an "applicable law".

Electronically Transmitted Prescription Orders

One of the disciplines published in the November 2000 Regulatory Digest was related to the use of computers for physicians to transmit electronic prescription orders. As a clarification, this particular case began several years prior to the adoption of rules, which as of 12-1-1999, allow for electronically transmitted prescription orders as delineated in Phar 7.08.

"Caution Federal Law Labeling"

The "Caution Federal Law Labeling" is required on scheduled prescription drugs dispensed to a patient. This federal law if found in Title 21 of the Code of Federal Regulations (CFR), section 290.5. State law, Phar 9.08(1), states that a controlled substance prescription dispensed to a patient must contain "cautionary statements, contained in the prescription order or required by law." The "Caution: Federal law…" label is "required by law", Federal law in this case. This warning is to go only on Schedule II, III, and IV controlled substances prescriptions. Having this warning label on prescriptions other than these controlled substances would be mislabeling. The warning can be preprinted on the pharmacy's label or on an accessory label as long as the warning is only on the above specified controlled substances prescriptions.

Reconstitution Procedures

Many pharmacists use equipment that assists in the measuring of water for the reconstitution of antibiotics. During normal use, the tip of a water dispenser is often placed near or into the top of the bottle that contains the antibiotic powder. As the water mixes with the powder in the bottle, it is possible for some of the suspension to come into contact with the tip of the water dispenser and, as a result, some residue may remain on the tip. It is important that pharmacists are training their technicians to avoid contamination of the next reconstituted prescription by proper cleaning of this equipment.

Remember, It is a Violation of State Law To:

….make a note on a written prescription that the prescription was filled once and then give the original written prescription back to the patient to be filled elsewhere in the future.

….reduce a telephone order to writing and then hand the patient the written order to be filled elsewhere when your pharmacy was not able to do so.

….accept a Schedule II prescription for a skilled care facility patient from a physician for partial dispensing that does not have a total quantity to be dispensed specified.

Disciplines

K MART PHARMACY #3740
DELAVAN WI
REPRIMAND/COSTS/FORFEITURES
The dispensing procedure did not easily permit a pharmacist to personally view and review a patient's profile before prescriptions were transferred to them. Instead, the procedure relied upon the computer system. They now have a written policy. $25,000 forfeiture. Costs of $500.00. Effective 12/12/2000. Phar 7.07(4) Case #LS0012121PHM

RADIX LABORATORIES
EAU CLAIRE WI COSTS/FORFEITURES
Did not notify the board of an inspection, issuance of the FDA 483 forms, responses, or the FDA's correspondence regarding the inadequacy of a response to the FDA 483, in a timely manner. Did not file a consent decree in a timely manner. Resumed manufacturing operations without notice to the board. $500 forfeiture. $750.00 costs. Effective 12/8/2000. Sec. 450.10(1)(a)8., Stats. Phar 10.03(18) Case #LS0012122PHM

MICHAEL J O'KRAY RPH
MENOMONEE FALLS WI
STAYED SUSPENSION/LIMITED/COSTS
Took controlled substances from his place of employment without paying for them, without consent of the owner, and with intent to permanently deprive the owner of possession. Did consume substantially all of the controlled substances without authorization. $100.00 costs. Effective 7/11/2000. Secs. 450.10(1)(a)2. and 3., 450.11(1), (7)(a),(c),(e),(h), 943.20(1)(a), 946.41(1), 961.38(1r),(3), 961.41(3g), Stats. Phar 8.02(1), 8.05(2), 10.03(1),(5) Case #LS0007112PHM

OSCO DRUG #1306
WEST ALLIS WI
REPRIMAND/FORFEITURES/COSTS
At the time prescription orders were dispensed, the pharmacist did not review the medication history and determine whether the prescription order presented should be dispensed. A computer check may be used only as an aid and not as a replacement for a pharmacist reviewing a patient's prescription profile. $25,000.00 forfeiture. $1,100.00 costs. Effective 7/11/2000. Phar 7.07(4) Case #LS0007113PHM

DOUGLAS K STUCKY RPH
MEQUON WI REPRIMAND/LIMITED/COSTS
Allowed a prescription for nifedipine 60 mg daily to be filled as nifedipine 10 mg, 6 caps daily and allowed this a second time. Failed to do a profile review that indicated patient had previously been on Adalat CC 60 mg daily. Required additional continuing education. Effective 10/11/2000. $300.00 costs. Sec. 450.10(1)(a)6., Stats. Phar 10.03(2) Case #LS0010111PHM

MARK G ANDERSON RPH
FOND DU LAC WI
STAYED SUSPENSION/LIMITED/COSTS
Took Valium and hydrocodone/APAP from his place of employment without consent and with intent to deprive the lawful owner of possession and consumed it, all during calendar year 1999. Took $1400 worth of general store merchandise without consent. Also took a number of non-controlled prescription medications. Effective 8/9/2000. Secs. 450.10(1)(a)2., 3.,6., 943.20(1)(a), 961.41(3g), Stats. Phar 8.05(2), 10.03(1) Case #LS0001101PHM

AVENTIS PASTEUR INC
SWIFTWATER PA COSTS/FORFEITURES
Did not renew its license when it expired on 5/31/98 and continued to distribute injectable vaccines. Did renew license on 12/22/99. During the 19 month period during which it was not licensed, it distributed approximately 2.5 million dosage units of vaccines to Wisconsin customers. $1140.00 forfeiture. $500.00 costs. Effective 7/11/2000. Sec. 450.07(2), Stats. Case #LS0007114PHM

DOUGLAS A PINNOW RPH
BRODHEAD WI
REPRIMAND/FORFEITURES/COSTS
As a policy in the pharmacy he owned he failed to provide consultations over a period of many years. $1500.00 forfeiture. $800.00 costs. Effective 11/8/2000. Sec. 450.10(1)(a)6., Stats. Phar 7.01(1)(c) Case #LS0011081PHM

CONSTANTINE GEORGALAN RPH
MADISON WIREPRIMAND/FORFEITURES/COSTS
Allowed an unlicensed person to transfer a prescription to the mother of a patient without consultation. Resulted in the patient receiving a prescription intended for another patient. $250.00 forfeiture. $100.00 costs. Effective 8/9/2000. Phar 7.01 Case #LS0008091PHM

MICHAEL W LEAHAN RPH
SUN PRAIRIE WI
REPRIMAND/FORFEITURES/COSTS
As a fill-in pharmacist, an unlicensed person transferred prescriptions to patients without consultation from a pharmacist. $250.00 forfeiture, $100.00 costs. Effective 9/12/2000. Phar 7.01(1)(e),(em) Case #LS0009122PHM

JANE P SZYMANSKI RPH
MERRILLAN WI
REPRIMAND/FORFEITURES/COSTS
Worked during the time her registration had expired. $200 costs. $2,890.00 forfeiture. Effective 12/12/2000. Sec. 450.03, Stats. Phar 10.03(1) Case #LS0012123PHM

JEROLD R GRASSMAN RPH
BLACK RIVER FALLS WI
REPRIMAND/COSTS/FORFEITURES
As managing pharmacist employed a pharmacist whose license had expired. $200.00 forfeiture. $500.00 costs. Effective 12/12/2000. Secs. 450.10, 450.09, 450.03, Stats. Phar 10.03(10) Case #LS0012124PHM

JEFFREY C VERZAL RPH
KENOSHA WI SUSPENDED/COSTS
Diverted hydrocodone/APAP from his employing pharmacy without consent, and ingested all or substantially all of the hydrocodone/APAP, without prescription or authority. Pled guilty to one count of feloniously obtaining a controlled substance by fraud. $100.00 costs. Effective 11/8/2000. Sec. 450.10(1)(a)2.,3.,(1)(b)3., Stats. Case #LS0011082PHM

WOMENS INTERNATIONAL PHARMACY INC
MADISON WI $8,000 FORFEITURES
Sent post cards and not telephoning patients. Sent undated material. Sent reprints of articles not published in referred or peer reviewed journals. Included its preface to the required FDA text. These are all violations of the board's 8/16/1995 order. The pharmacy is ordered to pay a forfeiture of $8,000. Costs are also assessed. Effective 1/22/2001. Sec. 450.10, Stats. Phar 10.03(18) Case #LS9806121PHM

CAROL L PETERSEN RPH
MADISON WI REPRIMAND
WALLACE L SIMONS RPH
SURPRISE AZ REPRIMAND
Sent post cards and not telephoning patients. Sent undated material. Sent reprints of articles not published in referred or peer reviewed journals. Included its preface to the required FDA text. These are all violations of the board's 8/16/1995 order. The pharmacy is ordered to pay a forfeiture of $8,000. Costs are also assessed. Effective 1/22/2001. Sec. 450.10, Stats. Phar 10.03(18) Case #LS9806121PHM

Telephone Directory
Automated phone system for the Health Professions: (608) 266-2811

Press 1 To Request an Application
Press 2 Status of a Pending Application
Press 3 Verification of Credential Holder
Press 4 Name and Address Changes
To Request the Wisconsin Statutes and Administrative Codebook
Complaint Against a Credential Holder
Renewal of a Credential
Legal Questions
Press 5 To repeat this menu or if you are calling from a rotary telephone, stay on the line and your call will be answered in the order received.
FAX: (608) 261-7083

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The following voice mail **"short cuts"** could be sent out with renewal notices and/or otherwise published:

To request a license application for your profession, just dial (608) 266-2811, then enter the Quick Key numbers below for the profession you want:

Pharmacist (RPH END): Press 1-3-4-1
(Taken NAPLEX and Licensed in Another State)

Pharmacist (RPH EX): Press 1-3-4-2
(Taken NAPLEX But Not Licensed in Another State or a New Graduate)

Pharmacy, Change of Ownership or Location (PHCY) Press 1-4-1

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Pharmacy Examining Board
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Requests for endorsements to other states must be in writing. The cost is $10. Please make check or money order payable to the Department of Regulation and Licensing.

Digests on Web Site
March 1998, September 1998, April 1999, September 1999, March 2000, November 2000

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2001 Board Meeting Dates
April 10, May 15, June 12-13, July 10, August 14-15, September 11, October 9-10, November 13, and December 11.

Wisconsin Statutes and Code
Copies of the Pharmacy Examining Board Statutes and Administrative Code can be ordered from the Department. Include your name, address, county and a check payable to the Department of Regulation and Licensing in the amount of $5.28. The latest edition is dated February, 2001.

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